



USAID
FROM THE AMERICAN PEOPLE

TB CARE I

Dominican Republic

**Year 1
Quarterly Report
April - June 2011**

July 29th, 2011

Quarterly Overview

Reporting Country	Dominican Republic
Lead Partner	KNCV
Collaborating Partners	
Date Report Sent	
From	Ivonne Orejel-Juarez
To	Maria Castillo
Reporting Period	April-June 2011

Technical Areas	% Completion
1. Universal and Early Access	45%
3. Infection Control	13%
4. PMDT	0%
6. Health Systems Strengthening	8%
7. M&E, OR and Surveillance	6%
Overall work plan completion	14%

Most Significant Achievements

Through the strategy "Photovoices" as a tool of participatory research that uses photography to support and mobilize people affected by TB to address decision makers, we have that 10 affected actively involved with the taking of photography that they represent according to their experience, their feelings and their own realities related to tuberculosis.

The work will culminate with an exhibition of photographs in public places.

Overall work plan implementation status

The project began activity implementation in April 2011. The technical personnel were contracted in May, one month later. Activities will be more advanced next quarter.

Technical and administrative challenges

The big challenge at this moment is to find an adequately person with sufficient technical knowledge in ACSM and Monitoring & Evaluation.

Quarterly Technical Outcome Report

	2010*	2011**
Number of MDR cases diagnosed		
Number of MDR cases put on treatment		
* January - December 2010 ** January - June 2011		

Technical Area		1. Universal and Early Access						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
					Y1	Y1		
1	Reduce delays in the diagnosis of TB	Number of suspects and TB cases detected in project provinces and areas of Santo Domingo	Number of suspects and TB cases detected in project provinces and areas of Santo Domingo	data selected provinces and areas 2010=x			ACSM model piloted in Health Area IV of Santo Domingo during TB CAP initiated this quarter its expansion in Area V and was consolidated in pilot area.	Further consolidation of Area IV, continue area V and extension to Area VIII and Urban Area of Elias Pina province (border with Haiti); This expansion is based on the ACSM expansion plan.
2	Involve pharmacies/shopkeepers (colmados) in detection and early referral of suspects	Contribution of pharmacies and shopkeepers to suspect referral and case detection	Number of suspects received in health facilities referred by pharmacies or shopkeepers divided by total referred suspects x 100%. Number of pharmacies/shopkeepers referred TB cases/total received cases x 100%.	100 referrals/x by farmacias 30/x Referrals by colmados			80 pharmacies and 30 shopkeepers were visited and encouraged to refer TB suspects, while a new stock of TB informative leaflets was distributed to them.	Advocate with obtained evidence to the Area Public Health Services of Area IV and new areas to sustain these PPM/ACSM activities initiated in close collaboration with the TB coordinators.

3	Involve community in detection and early referral of suspects	Contribution of community to suspect referral and case finding	Number of suspects received in health facilities referred by community members divided by total referred suspects x 100%. Number of community referred TB cases/total received cases x 100%.	number of referrals? 5 TB cases/x			A refresher meeting was held with the involved community groups in Gualey neighbourhood to maintain motivation and continue activities on awareness raising in TB and community referrals.	Make community activities gradually self-sustainable (empowered community groups) and followed up by the TB coordinators and health staff without need for KNCV project staff.
---	---	--	--	--------------------------------------	--	--	--	--

Technical Area		3. Infection Control						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
					Y1	Y1		
1	Increment and improve infection control measures in the selected health facilities	Number of persons trained	100 persons trained in IC in all health facilities		100		After a meeting held with the management staff of the Maternity Hospital in Santo Domingo (Area V), Infection Control activities are starting according to their workplan.	The hospital's IC team will implement their workplan including organizational service changes as well as remodeling
2	Develop infection control plans	Health units with action plan according to internationally implemented standards	10 health units with implemented plan. Priority will be the big and municipality hospitals	0	10		Four health centers have developed their plans	After budget elaboration their plan will be revised, approved and implemented.
3	Reduction of TB infection risk in health facilities.	Health facilities with physical infrastructure in place in 100% selected units.	the same 10 health units will have their adjusted infrastructure in place according to the plan	0	10		see above	see above

Technical Area		4. PMDT						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
1	Prevention and case management according to international standards	Updated National MDR case management Guidelines	Existing Guidelines need an update to be in line with the latest international standards	0				
							Meeting was held with the National MDR coordinator and NTP manager. A work plan was made.	First follow up meeting August 26

2	Increase access to timely diagnostics of MDR TB	Proportion tested patients with rapid test MDR (GeneXpert) out of all suspected MDR patients	Total of MDR suspect patients tested by geneXpert divided by total of suspected MDR patients in a defined period x 100	0	10%		Local USAID mission was requested permission to purchase Gene Expert.	Advocate with USAID mission to expand use of Gene Expert machines in selected strategic places in the country
---	---	--	--	---	-----	--	---	---

3	Increase adherence to treatment in MDR patients	Decrease of a defaulter rate among patients with MDR	defaulter rate in cohort of MDR patients	16%			A specific flipchart is designed for support to MDR patients in their adherence to treatment.	Drafted flipchart will be validated with patients and TB personnel.
---	---	--	--	-----	--	--	---	---





Technical Area 6. Health Systems Strengthening


Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
1	Involve all partners, including government, civil societies and NGOs in the fight against TB through small "Stop TB partnerships" at provincial or lower level.	Percentage and Number of provinces/areas with active Stop TB partnerships. Number of provinces/areas with lower level partnerships (neighbourhoods, municipalities)	Number of provinces/areas with STB partnerships divided by all 20 provinces and areas.				Reactivation of Stop TB Committee in area VIII (32 members)	Start formation of Stop TB committees according to plan and consolidate the existing ones.
2	Improve TB timely diagnostics and notification by private health services, focussing on zona franca factories, independent medical cabinets and private clinics.	Contribution to notification of TB cases by these targetted providers		not known	5%		During a visit at San Pedro de Macoris Province, with TA of visiting KNCV consultant, a step wise plan has been made together with the local established team of DPS, TB staff and communication staff, to start TB control activities at the Industry Parc in collaboration with the Social Insurance Hospital at San Pedro de Macorís.	July 15 a follow up meeting will be held with the epidemiologist and Tuberculosis program staff of the Provincial Health Directorate to initiate activities with selected factories based on preestablished criteria.

3	Increase of technical and managerial competencies in TB at all levels from central, regional, provincial and local level	Proportion of regional directors, provincial and health areas who elaborate TB annual action plans based on situational analysis out of all trained directors.		0	90%		The technical and management training programmed during TB CAP and cancelled by NTP due to conflict with other urgent activities has been reprogrammed.	Will be implemented in coming semester.
---	--	--	--	---	-----	--	---	---





Technical Area 7. M&E, OR and Surveillance								
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
1	Strengthen quality of TB information system at all regional and provincial levels	Periodical Sessions of data analysis in provinces and areas	Number of sessions realized divided by number of provinces	0	20		Three provinces were visited to collect data and on the spot training of data collection and interpretation of data for management.	All Health Areas and Provinces (100%) will be visited for this purpose.
2	Feedback with relevant TB epidemiologic information to all regional and provincial levels.	Semestral statistical Bulletin elaborated and distributed to provinces		0	2		Feedback has been given to provinces by M&E officer NTP (formerly M&E KNCV project)	The next edition of the bulletin will be published in August
3	Enhance and facilitate the information access of TB to all interested public	Created and Updated TB web page		0			Canceled	Canceled

Quarterly Activity Plan Report








Outcomes	1. Universal and Early Access		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
1.1 Reduce delays in the diagnosis of TB	1.1.1	Expand the community involvement model as successfully piloted in area IV under TBCAP to other project areas and Provinces, 30 workshops with 30 participants per each workshop	KNCV	24.081	 25%	Mar	2012	Sensibilization talks with organized community groups to make workplans with V, VIII Health Areas and Elias Pina province have begun.
1.2 Involve pharmacies/shopkeepers (colmados) in detection and early referral of suspects	1.2.1	Expand the model of involvement of pharmacies and shopkeepers (colmados) to other areas and provinces, including training and materials for 500 drugstores	KNCV	28.870	 25%	Dec	2011	It was elaborate the census pharmacies in V and VIII Health Areas. The promoters training to intervention on pharmacies began recently.
	1.2.2	publish the pharmacy and colmado intervention at national and international level (article, abstract)	KNCV	7.414	 100%	Jul	2011	Finished the article about pharmacists and shopkeepers for publishing. We hope to receive an answer from Science journal.
1.3 Involve community in detection and early referral of suspects	1.3.1	Design and implement innovative visual interventions like Photovoices or others to reduce stigma on TB and TB/HIV, workshop for 20 participants for 3 days, include materials and facilitation fee	KNCV	19.105	 25%	Sep	2011	See Most Significant achievements

	1.3.2	Design a register and referral system to measure systematically the community contribution based on TBCAP experiences in pilot area. It includes training for volunteers and visit to the health unit and materials to register suspects	KNCV	49.523	 50%	Mar	2012	The register's form for referral was designed. It's training at involucred on their systematic application.
--	--------------	--	------	--------	---	-----	------	---








 **45%**







		3. Infection Control				Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcomes			Lead Partner	Approved Budget	Cumulative Completion	Month	Year	
3.1 Increment and improve infection control measures in the selected health facilities	3.1.1	10 trainings of 1 day for 10 people per facility in general concepts of IC in relation to TB	KNCV	2.592	 25%	Sep	2011	Meetings with authorities and health personnel to sensitize in 4 hospitals the need for a Control Infection Plan.
3.2 Develop infection control plans	3.2.1	10 trainings to develop plan, including technical assistance during the supervisions.	KNCV	no budget	 25%	Nov	2011	Training realized for 4 hospitals in order to make their IC workplan.
	3.2.2	3 meetings with each team to correct and finalize plans for implementation, including technical assistance during the routine supervisions. The IC plans will be accomodated in the overall hospital plans where possible.	KNCV	no budget	 0%	Nov	2011	
3.3 Reduction of TB i	3.3.1	10 physical areas created to improve IC in TB	KNCV	39.474	 0%	Mar	2012	


 **13%**





4. PMDT		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date	
					Month	Year		
4.1 Prevention and case management according to international standards	4.1.1	Update the MDR case management guidelines through technical expert meetings	KNCV	1.875	 0%	Aug	2011	
	4.1.2	Training of health personnel in selected health facilities in case management of DR-TB	KNCV	no budget	 0%	Dec	2011	
	4.1.3	Design of specific job aid for patient centred care to support patient during MDR treatment	KNCV	no budget	 0%	Dec	2011	
	4.1.4	Support and follow up visits to provinces	KNCV	no budget	 0%	Mar	2012	
4.2 Increase acces to timely diagnostics of MDR TB	4.2.1	purchase 1 GeneXpert to be placed in MDR Unit for early diagnosis of MDR TB according to national PMDT guidelines		22.066	 0%	Dec	2011	
4.3 Increase adherer	4.3.1	Design and reproduction of graphical material to support patients during the treatment	KNCV	4.211	 0%	Mar	2012	
					 0%			

6. Health Systems Strengthening		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date	
					Month	Year		
6.1 Involve all partners, including government, civil societies and NGOs in the fight against TB through small "Stop TB partnerships" at provincial or lower level.	6.1.1	Based on experience in pilot area IV with partnership building develop a work plan with time table of the provinces and municipalities to be involved	KNCV	no budget	<div><div></div></div> 0%	Aug	2011	

	6.1.2	Identify provinces and municipalities or areas and neighbourhoods, possible partners and type of activities	KNCV	no budget	 0%	Aug	2011	
	6.1.3	Implement the plan following all steps and give follow up in the field	KNCV	no budget	 0%	Dec	2011	
	6.1.4	Evaluate, document and publish at national and international level	KNCV	no budget	 0%	Mar	2012	
6.2 Improve TB timely diagnostics and notification by private health services, focussing on zona franca factories, independent medical cabinets and private clinics.	6.2.1	Assesment of which provinces and providers will be involved, elaborate the work plan. Use of Mexican TBCAP PPM guidelines		no budget	 50%	Jul	2011	A situational diagnosis about free zone in San Pedro de Macoris has been elaborated and communication has been established with respective authorities to begin the journey with enterprises and insurance companies that are working in this area.
	6.2.2	Sensitization training to increase new TB cases search.		no budget	 50%	Aug	2011	A sensitization meeting was realized with health personnel (Private and public) to sensitize them and include them in active TB cases search and referrals.
	6.2.3	Providers of involved factories, clinics will be trained and receive follow up visits. Feedback will also be given to managers on improved referrals and detection of TB cases		no budget	 0%	Dec	2011	
	6.2.4	Evaluate, document and publish results and development of model		no budget	 0%	Mar	2012	

6.3 Increase of technical and managerial competencies in TB at all levels from central, regional, provincial and local level	6.3.1	Design a program and methodology of a training to draft a strategic plan for each province and area according to the general action lines of central level of all the country with provincial team (directives, epidemiologist, laboratory and coordinator program)		22.316	 0%	Dec	2011	
	6.3.2	Support visits to monitor implementation of plans		no budget	 0%	Mar	2012	
	6.3.3	Train personnel at all different levels in all components of the Stop TB strategy for 1.350 participants from the whole country.		150.592	 0%	Nov	2011	
	6.3.4	Support visits of trained personnel at provincial level.		no budget	 0%	Mar	2012	
	6.3.5	International TB Conference participation according to proven performance and specific achievements		24.040	 0%	Oct	2011	
					 8%			

Outcomes	7. M&E, OR and Surveillance		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
7.1 Strengthen quality of TB information system at all regional and provincial levels	7.1.1	To strengthen quality of data collection meetings will be held with DPS, epidemiologist, laboratory, and other relevant sectors		2.468	 0%	Mar	2012	

	7.2.1	General consultant from KNCV HQ will provide overall technical assistance. Head of the Regional Team and Financial Officer will visit the programme.		71.569	 0%	Nov	2011	
7.2 Feedback with relevant TB epidemiologic information to all regional and provincial levels.	7.2.1	Collection of data and information of achievements project, elaboration and impression in 6 monthly bulletins.		8.158	 25%	Mar	2012	The TB data of the last 6 months period (2011) is being collected currently to produce the next bulletin.
7.3 Enhance and facilitate the information access of TB to all interested public	7.3.1	Web page will be created and regularly updated to feedback data as well as other important information for continuous education to improve quality of TB services and control TB		6.579	 0%			Cancelled
					 6%			

Quarterly Activity Plan Modifications

Request for Cancellation or Discontinuation of Activities										
Approved By (write dates)			Old Code	7. M&E, OR and Surveillance	Lead Partner	Remaining Budget	New Code	Replace with the following activity (if any)	Lead Partner	Proposed Budget*
Mission	PMU	USAID		Activities from the Work Plan						
			7.3.1	Web page creation and periodic updating	KNCV	6.579		To be determined, We are negotiating with NTP to make the best decision		

* Detailed budget is attached

Request for Postponement of Activities to Next Year					
Approved By (write dates)			Old Code	1. Universal and Early Access	Remaining Budget
Mission	PMU	USAID		Activities from the Work Plan	
				{Copy from the work plan}	

Request for Adding New Activities to the Current Work Plan					
Approved By (write dates)			New Code	1. Universal and Early Access	Proposed Budget*
Mission	PMU	USAID		Proposed New Activities	

* Detailed budget is attached

Quarterly Photos (as well as tables, charts and other relevant materials)

Workshop photovoces and photo taken by a patient

